



## National Direct Initial Consultation Form

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<b>Legal Applicant Information</b>  <b>Organization Contact Person Address Email Phone</b>						
<b>AmeriCorps Grant Type</b>		<input type="checkbox"/> National Direct <input type="checkbox"/> Education Award <input type="checkbox"/> Professional Corps <input type="checkbox"/> Indian Tribe				
<b>AmeriCorps Program Model</b> (check one)		<input type="checkbox"/> <b>National</b> (members at local organizations directly controlled by parent) <input type="checkbox"/> <b>Affiliates</b> (members at affiliates of parent – limited direct control) <input type="checkbox"/> <b>Consortium</b> (members at independent organizations that interact on activities beyond AmeriCorps) <input type="checkbox"/> <b>Intermediary</b> (members at unrelated organizations)				
<b>Type of Application</b>		<input type="checkbox"/> New Application <input type="checkbox"/> Recompete <input type="checkbox"/> Continuation (Year <u>  2  </u> of 3 Year Cycle)				
<b>Proposed National Program Overview</b> <b>Program Name</b> <b>Start Date</b> <b>End Date</b>						
<b>Number of AmeriCorps Slots</b>  <b>Application Total for this state</b>	Minimum Time	Quarter Time	Reduced Half Time	2 Yr Half Time	Half Time	Full Time
<b>Total CNCS Budget Request within state</b> <b>Total Operating Budget</b> <b>Number of MSYs</b> <b>Cost per MSY</b>						
<b>Proposed Source of Match</b>						
<b>AmeriCorps Program Focus</b> <i>(brief narrative; community need being addressed)</i>						

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<b>Description of Primary AmeriCorps Program Activities</b> (Brief succinct description of how members will achieve the result. Explain exactly what <u>members</u> will be doing. Give a clear picture of member activity. )	
<b>Beneficiaries within the state</b>	
<b>Proposed Primary Outcome Target</b>	
<b>Prior Years Data on Primary Outcome Performance Measure</b>	
<b>Prior Year Member Enrollment Rate</b> <b>Prior Year Member Retention Rate</b>	
<b>AmeriCorps Program Staff</b> (How many staff in state to oversee the program? If none in state, what staff will oversee?)	
<b>Role of Parent in Administration of Program at state level;</b> (i.e. site monitoring; background checks; training and development)	
<b>Skills and Resources to share</b>	
<b>Date of most recent A133 Audit</b> (How were any findings resolved?)	
<b>Overview of proposed Site/s</b> (For each proposed site, provide the following information Operating site: sub-site; service site: exact location where member serves )  <div style="margin-left: 150px;">           Operating or service site?            Location of site            Number of members:         </div> Does this site oversee members from any other AmeriCorps program? If so, please name.	
(For each proposed site, provide the following information) <div style="margin-left: 150px;">           Operating or service site?            Location of site            Number of members:         </div> Does this site oversee members from any other AmeriCorps program? If so, please name.	
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